

Declaration and Power of Attorney For Patent Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am an original, first and joint inventor with Gennaro R. Lopriore of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**RESETTABLE FUSE/CIRCUIT INTERRUPTER WITH VISUAL FAULT INDICATION**, the specification of which:

(check one)  is attached hereto.

[ ] was filed on \_\_\_\_\_ as  
Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign applications for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

## Prior Foreign Applications

Priority Claimed

(Number)

(Country)

(Day/Month/Year Filed)

Yes

No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States applications listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status - patented, pending, abandoned)

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorneys to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, and hereby certify that the Government of the United States has the irrevocable right to prosecute this application:

Michael J. McGowan  
Reg. No. 31042

Prithvi C. Lall  
Reg. No. 26192

Michael J. McGowan  
Reg. No. 31042

SEND CORRESPONDENCE TO:  
Office Of Counsel, Bldg 112T  
Naval Undersea Warfare Center  
Division, Newport  
1176 Howell Street  
Newport, RI 02841-1708

DIRECT TELEPHONE CALLS TO:

Michael J. McGowan  
(401) 832-4736

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of First joint inventor: Robert V. Belenger

Inventor's signature

*Robert V. Belenger*

Date: 9/28/01

Residence: Raynham, Massachusetts

Citizenship: U.S.A.

Post Office Address: 184 Carver Street, Raynham, Ma 02767

Declaration and Power of Attorney For Patent Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am an original, first and joint inventor with Robert V. Belenger of the subject matter which is claimed and for which a patent is sought on the invention entitled: RESETTABLE FUSE/CIRCUIT INTERRUPTER WITH VISUAL FAULT INDICATION, the specification of which:

(check one)  is attached hereto.

was filed on \_\_\_\_\_ as  
Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_

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Michael J. McGowan  
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Michael F. Ogle  
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Full name of Second joint inventor: Gennaro R. Lopriore

Inventor's signature \_\_\_\_\_

Date: \_\_\_\_\_

Residence: Somerset, Massachusetts

Citizenship: U.S.A.

Post Office Address: 90 Connecticut Avenue, Somerset, Ma 02726